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## UTILITY PATENT APPLICATION TRANSMITTAL

*(Only for new nonprovisional applications under 37 CFR 1.53(b))*

Attorney Docket No.: 4366-161

Inventors: David Clarence Mullen of 9607 122nd Ave. S.E., Newcastle, Washington 98056-2414

Express Mail Label No.: EL 975242209 US

Title: **METHOD AND APPARATUS FOR FORECASTING AGENT ARRIVAL**

**MS Patent Application**  
**Commissioner for Patents**  
**P.O. Box 1450**  
**Alexandria, VA 22313-1450**

Enclosed for filing with the above-identified utility patent application, please find the following:

1.  Specification (Total Pages of Text, including Abstract and Claims: 23)
2.  Drawing(s) (35 USC 113) (Total Sheets: 4)  FORMAL  INFORMAL
3.  Declaration and Power of Attorney (Total Pages: 3)  Signed  Unsigned
4.  Nonpublication Request under 35 U.S.C. 122(b)(2)(B)(i).
5.  Assignment Papers (*cover sheet & document(s)*)
6.  Information Disclosure Statement (IDS/PTO-1449)
7.  Copies of IDS Citations (Number of References: 3)
8.  Return Postcard (MPEP 503) (*should be specifically itemized*)

**FEE CALCULATION:**

|   | (COL. 1)<br>NO. FILED | (COL. 2*)<br>NO. EXTRA | SMALL ENTITY |          | LARGE ENTITY |                     |
|---|-----------------------|------------------------|--------------|----------|--------------|---------------------|
|   |                       |                        | RATE         | FEE      | RATE         | FEE                 |
| BASIC FEE:  |                       |                        |              | \$385.00 | OR           | \$770.00            |
| TOTAL CLAIMS:   | 23                    | -                      | 20           | 3        | X \$9 =      | OR X \$18 = \$54.00 |
| INDEP. CLAIMS:  | 3                     | -                      | 3            | 0        | X \$43 =     | OR X \$86 = \$0.00  |
| MULTIPLE DEPENDENT CLAIMS   |                       |                        |              | +\$140 = | OR           | +\$280 = \$0.00     |
| *IF THE DIFFERENCE IN COL. 2 IS LESS THAN ZERO,<br>ENTER "O" IN COL. 2. |                       |                        | TOTAL:       |          |              | \$824.00            |

**OTHER INFORMATION:**

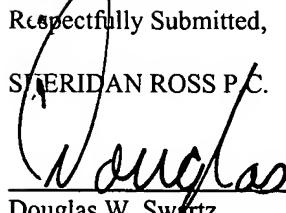
1.  The Commissioner is hereby authorized to debit any underpayments or credit any overpayment to **Avaya Inc.** Deposit Account No. 50-1602.
2.  The Commissioner is hereby authorized to charge all required fees for extensions of time under §1.17 to **Avaya Inc.** Deposit Account No. 50-1602.
3.  Correspondence Address:

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4.  Telephone calls should be made to undersigned at (303) 863-9700.

Respectfully Submitted,

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Date: March 29, 2004

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